

Recent UK trends in childhood obesity



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In a recently published study, van Jaarsveld and Gulliford (2015) have used primary care electronic health records to evaluate the prevalence of overweight and obesity in 2–15-year-old children in England and compared trends over the last two decades (1994–2003 and 2004–2013). Height, weight and BMI data of 370 544 children were accessed from 375 general practices in England that contribute to the UK Clinical Practice Research Datalink. The results showed that, between 1994 and 2003, the odds of children being overweight or obese increased by 8.1% per year (95% confidence interval [CI], 7.2–8.9%), whereas they increased by 0.4% (95% CI, –0.2% to 1.1%) between 2004 and 2013. The trends were similar for boys and girls but differed by age groups, with the prevalence stabilising in 2004–2013 in younger children (age, 2–10 years) but not in the older group (age, 11–15 years), in whom rates continued to rise.

These data indicate a stabilising of the prevalence of childhood overweight and obesity, and support the UK trends reported recently in the Health Survey of England (Boodhna, 2014) and the National Child Measurement Programme (Health and Social Care Information Centre, 2013). Stabilising trends in children have also been reported in the US, the Netherlands and Australia.

Understanding trends in obesity is important not only for monitoring population health but also for informing policy initiatives. There are several possible explanations for the recent stabilisation of childhood overweight and obesity rates. One may be simply that rates have reached a point of saturation. However, another plausible explanation is that the cumulative effect of public health campaigns aimed at children have had an effect, particularly in children aged up to 11 years. A number of successive Government policies have focussed effort on reducing the prevalence of obesity in children aged under

11 years by 2020, and a series of targeted public health campaigns have been initiated. These campaigns, universally targeted at parents, carers and children and delivered across a range of settings, include initiatives such as Healthy Start, breastfeeding campaigns, school food reforms, the School Fruit and Vegetable Scheme, Change4Life, Physical Education in schools, Active School Travel policies and food promotion to children. However, these campaigns are mainly focussed on the younger age group and are not continued or delivered in an age-appropriate manner for older children. Therefore, healthy behaviours acquired by children during their earlier years are at risk of not being maintained due to the lack of reinforcement of early health-promoting messages.

These findings highlight that obesity rates are continuing to rise in 11–15-year-olds, although at a much reduced rate compared with 1994–2003. Initiatives aimed at 11–15-year-olds, such as increasing the recognition of obesity in primary care and effective community and primary care-based interventions, are now urgently required. Targeted, evidence-based interventions for older children and their families, tailored to reflect the needs of lower socioeconomic and specific ethnic groups in which the prevalence is higher, are needed. Primary care services are well placed to be part of the solution in reversing the increasing prevalence of obesity within older children, and they represent one important component of the policy response. ■

Boodhna G (2014) *Health Survey for England – 2013: Chapter 11, Children's Body Mass Index, Overweight and Obesity*. Health and Social Care Information Centre, London. Available at: <http://bit.ly/1xvbKce> (accessed 17.03.15)

Health and Social Care Information Centre (2013) *National Child Measurement Programme – England, 2012–13 School Year*. HSCIC, London. Available at: <http://bit.ly/1yTsow> (accessed 17.03.15)

van Jaarsveld CH, Gulliford MC (2015) Childhood obesity trends from primary care electronic health records in England between 1994 and 2013: population-based cohort study. *Arch Dis Child* **100**: 214–9